

## JOB DEMANDS WORKSHEET

(to be completed by supervisor)

<b>Employee's Name</b>	<b>Z-Number</b>	<b>Organization</b>	<b>TA/Bldg.</b>
<b>Job Title</b>	<b>Series/Level</b>	<b>Date of HRC or Transfer</b>	<b>Employee Status:</b> New Hire _____ Transfer _____ Incumbent _____
<b>Supervisor's Name</b>	<b>Mail Stop</b>	<b>Date/Review by Supervisor</b>	

Check only boxes that apply to the tasks or job duties of the position. A job demand is considered essential if it applies to tasks or job duties that are basic, necessary, and an integral part of the job and not peripheral, incidental, or a minimal part of the job. Please provide specific information about tasks, hazards, or conditions marked with an asterisk (\*) in the space provided at the bottom of page 2. Details of job requirements and/or a job description can be attached. If you have questions, contact your HR Generalist.

Essential (E)	Constantly (C)	Frequently (F)	Occasionally (O)	
<b><u>General Work Environment</u></b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	outdoors
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	in confined space
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	at heights
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	underground
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	at high or low atmospheric pressure*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	in a cold environment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	working alone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	working overtime or irregular schedule*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	working off-shift/rotating schedule
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	in a very hot environment > 100° F
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	in a hot environment 90° - 100° F
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	in widely ranging ambient temperatures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	in a wet or humid environment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	in a dry environment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	domestic/foreign travel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	operation of motor vehicles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	operation of specialized heavy equipment
<b><u>Specific Environmental Hazards</u></b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	work in a noisy environment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	work under unusual lighting conditions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	work near electrical power supplies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	work with biologic or infectious agents*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	work near sources of ionizing radiation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	work near sources of non-ionizing radiation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	work with weapons or explosives
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	work with vibrating equipment or machinery
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	work near machinery with moving parts
<b><u>Vision, Speech, and Hearing</u></b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	color discrimination
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	peripheral vision
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	depth perception
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	binocular vision
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	good reading vision
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	good distance vision
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ability to speak
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ability to discriminate speech
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ability to hear high-pitched sounds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ability to smell
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ability to hear
<b><u>General Physical Mobility</u></b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sitting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	standing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	walking
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	running
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	climbing stairs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	climbing ladders
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bending
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	stooping
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	crouching
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	kneeling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	crawling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	twisting the trunk or back
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	balancing
<b><u>Specific Physical Mobility</u></b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	reaching overhead
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	reaching horizontally
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	reaching down
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gripping with the hands
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	applying torque with the hands or arms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pressing with the hands or arms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pushing with the hands or arms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pulling with the hands or arms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	typing or keyboarding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fine motor control
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	use of both hands
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	use of both arms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	use of both legs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	use of both feet

**Weight Handling Requirements**

<b>E</b>	<b>C</b>	<b>F</b>	<b>O</b>		<b>E</b>	<b>C</b>	<b>F</b>	<b>O</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lifting 1-5 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	carrying 1-5 pounds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lifting 5-10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	carrying 5-10 pounds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lifting 10-20 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	carry 10-20 pounds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lifting 20-30 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	carrying 20-30 pounds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lifting 30+ pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	carrying 30+ pounds
				(indicate maximum weight _____)					(indicate maximum weight _____)

**Chemical Hazards\***

<b>E</b>	<b>C</b>	<b>F</b>	<b>O</b>		<b>E</b>	<b>C</b>	<b>F</b>	<b>O</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	toxic chemicals*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sprays, mists, or vapors*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	irritant chemicals*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fumes*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	dusts or powders*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	carcinogens*

**Protective Clothing & Equipment**

<b>E</b>	<b>C</b>	<b>F</b>	<b>O</b>		<b>E</b>	<b>C</b>	<b>F</b>	<b>O</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	headgear or head protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	hearing protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	safety glasses or eye protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gloves or hand protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	face shield or facial protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	safety shoes or protective footwear
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mask or respirator*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	protective shielding of body/torso
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCBA*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	total environmental isolation garment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	level A HAZMAT suit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	hood use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	level B HAZMAT suit/anti-C					

**Medical Certification/Surveillance Requirements**

Please check if job assignment/tasks require specific medical certification and/or medical surveillance as outlined below. If you are unsure of the Laboratory regulatory requirements, call ESH-2 (667-7890), and ask for Lee Bussolini.

**Certification**

Some job assignments/tasks require that the employee be medically certified to perform them in a safe and reliable manner. Please check below those categories for which this employee's assignments mandate medical certification prior to performance of assigned tasks:

- |                          |         |                  |
|--------------------------|---------|------------------|
| <input type="checkbox"/> | AML_HDR | ANIMAL HANDLER   |
| <input type="checkbox"/> | ARG_TEM | ARG              |
| <input type="checkbox"/> | CON_SPC | CONFINED SPACE   |
| <input type="checkbox"/> | CRN_OPR | CRANE OPERATOR   |
| <input type="checkbox"/> | FIR_FGR | FIREFIGHTER      |
| <input type="checkbox"/> | FOD_HDR | FOOD HANDLER     |
| <input type="checkbox"/> | HAZ_DEV | HAZARD DEVICES   |
| <input type="checkbox"/> | HAZ_MAT | HAZMAT/ER        |
| <input type="checkbox"/> | NST_TEM | NEST             |
| <input type="checkbox"/> | PAP_PRG | PAP              |
| <input type="checkbox"/> | HRP_EMP | PSAP             |
| <input type="checkbox"/> | QAC_EMP | QA/QC            |
| <input type="checkbox"/> | RCT_OPR | REACTOR OP       |
| <input type="checkbox"/> | RES_WKR | RESPIRATOR       |
| <input type="checkbox"/> | SBA_USR | SCBA             |
| <input type="checkbox"/> | SEC_CAS | SECURITY-CAS     |
| <input type="checkbox"/> | SEC_OFF | SECURITY-OFFICER |
| <input type="checkbox"/> | SEC_INP | SECURITY-POLICE  |
| <input type="checkbox"/> | SEC_SWT | SECURITY-SWAPT   |
| <input type="checkbox"/> | TWR_CLM | TOWER CLIMBER    |
| <input type="checkbox"/> | TRK_DVR | TRUCK DRIVER DOT |
| <input type="checkbox"/> | TEC_CME | TSCM             |

**Surveillance**

Some job assignments/tasks place the employee at risk of exposure to substances with the potential for varying health effects: various regulations mandate periodic medical surveillance evaluations of employees with potential occupational exposures to the following substances. Please check those surveillance categories associated with this employee's assignments:

- |                          |         |                    |                          |         |                   |
|--------------------------|---------|--------------------|--------------------------|---------|-------------------|
| <input type="checkbox"/> | ACR_EXP | ACRYLONITRILE      | <input type="checkbox"/> | HNE_PRG | HEARING CONSERV   |
| <input type="checkbox"/> | ALP_NAP | ALPHA-NAPHTHYLAM   | <input type="checkbox"/> | ARS_EXP | INORGANIC ARSENC  |
| <input type="checkbox"/> | AMI_NOD | 4-AMINODIPHNYL     | <input type="checkbox"/> | LRS_WKR | LASER             |
| <input type="checkbox"/> | ASB_WKR | ASBESTOS           | <input type="checkbox"/> | LED_EXP | LEAD              |
| <input type="checkbox"/> | BEN_EXP | BENZENE            | <input type="checkbox"/> | MET_CHL | METHYL CHLOROMETH |
| <input type="checkbox"/> | BEN_ZID | BENZIDINE          | <input type="checkbox"/> | MET_EXP | 4,4 METHYLENEDIA  |
| <input type="checkbox"/> | BER_WKR | BERYLLIUM          | <input type="checkbox"/> | NIT_SOD | N-NITROSODIMETHYL |
| <input type="checkbox"/> | BET_NAP | BETA-NAPHTHYLAM    | <input type="checkbox"/> | NUC_FAC | NON-REAC NUC FAC  |
| <input type="checkbox"/> | BIO_HAZ | BIOHAZ/BBP         | <input type="checkbox"/> | SIL_EXP | SILICON EXPOSED   |
| <input type="checkbox"/> | BIS_ETH | BIS (CHLOROMTHYL)  | <input type="checkbox"/> | THL_WKR | THALLIUM          |
| <input type="checkbox"/> | CAD_EXP | CADMIUM            | <input type="checkbox"/> | VDT_USR | VDT USER          |
| <input type="checkbox"/> | CAR_WKR | CARCINOGEN         | <input type="checkbox"/> | VCL_EXP | VINYL CHLORIDE    |
| <input type="checkbox"/> | CHL_PRG | CHOLINESTERASE     |                          |         |                   |
| <input type="checkbox"/> | CHE_LAT | DTPA USR (CHELAT)  |                          |         |                   |
| <input type="checkbox"/> | DIB_CHL | 1,2DIBROMO-3CHLO   |                          |         |                   |
| <input type="checkbox"/> | ETL_OXD | ETHYLENE OXIDE     |                          |         |                   |
| <input type="checkbox"/> | FRM_EXP | FORMALDDEHYDE      |                          |         |                   |
| <input type="checkbox"/> | HAN_EXP | HAN_EXP (MET,,IND) |                          |         |                   |
| <input type="checkbox"/> | HAZ_CHM | HAZ CHEM WKR LAB   |                          |         |                   |
| <input type="checkbox"/> | HAZ_WKR | HAZ WASTE WORKER   |                          |         |                   |

**Comments for items marked with an asterisk (\*)Please be specific about tasks and exposures.**